

Registration District No.

7912

Primary Registration District No.

1003

Registrar's No.

454

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)
In this community 11 days

3. (a) PRINT FULL NAME

John Arthur Rowley

(b) If veteran, name war None

(c) Social Security No. 702-14-3718

4. Sex Male
5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Latham Rowley

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased December 1 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 14
If less than one day hr. min.

9. Birthplace Clyde Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Section Foreman

11. Industry or business Railroad

12. Name Charley Arthur Rowley

13. Birthplace Cheshire Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rose Miller

15. Birthplace Kankakee Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Rowley

(b) Address Goff, Kansas

17. (a) Burial (b) Date thereof 1/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clyde Kansas

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) JAN 15 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Nemaha
(c) City or town Goff (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1942 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11/3/42 to 11/15/42
that I last saw him alive on 11/5/42 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Peritonitis

Due to Post-operative Spasticity
Diaphragmatic Ulcer

Other conditions Diaphragmatic Ulcer
(Include pregnancy within 3 months of death)

Major findings: Diaphragmatic Ulcer
Perforative Obstruction

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury None

23. Signature Charles C. Duce (M. D. None)
Address Missouri Pacific Hospital Date signed 1/15/42

GR - 0500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address J. R. Houn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.